

POSITION	ID NO.	DATE
CLASSIFIER	21	9/13/93
EXAMINER	319	9-15-93
TYPIST	319	9-20-93
VERIFIER	358	9-21-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	1-17-93
1	
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SYMBOLS

✓ Rejected

..... Allowed

(Through numeral) Canceled

..... Restricted

..... Non-elected

..... Interference

A Appeal

O Objected

Claim	Date
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Original	
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